

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO. _____		FILING DATE _____				
						APPLICANT(S) _____						
<b>CLAIMS</b>												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
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TOTAL DEP.	6		↔			↔			↔			
TOTAL CLAIMS	10											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS